## PTSD Checklist – Civilian Version (PCL-C)

| Patient's Name: |  |
|-----------------|--|
|                 |  |

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

| No. | Response:   | Not at all (1) | A little bit (2) | Moderately (3) | Quite a bit<br>(4) | Extremely (5) |
|-----|---|----------------|------------------|----------------|--------------------|---------------|
| 1.  | Repeated, disturbing <i>memories, thoughts,</i> or <i>images</i> of a stressful experience from the past?   |                |                  |                |                    |               |
| 2.  | Repeated, disturbing <i>dreams</i> of a stressful experience from the past?   |                |                  |                |                    |               |
| 3.  | Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?  |                |                  |                |                    |               |
| 4.  | Feeling very upset when something reminded you of a stressful experience from the past?   |                |                  |                |                    |               |
| 5.  | Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past? |                |                  |                |                    |               |
| 6.  | Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?  |                |                  |                |                    |               |
| 7.  | Avoid <i>activities</i> or <i>situations</i> because <i>they remind you</i> of a stressful experience from the past?  |                |                  |                |                    |               |
| 8.  | Trouble remembering important parts of a stressful experience from the past?  |                |                  |                |                    |               |
| 9.  | Loss of interest in things that you used to enjoy?  |                |                  |                |                    |               |
| 10. | Feeling distant or cut off from other people?   |                |                  |                |                    |               |
| 11. | Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?   |                |                  |                |                    |               |
| 12. | Feeling as if your future will somehow be cut short?  |                |                  |                |                    |               |
| 13. | Trouble falling or staying asleep?  |                |                  |                |                    |               |
| 14. | Feeling irritable or having angry outbursts?  |                |                  |                |                    |               |
| 15. | Having difficulty concentrating?  |                |                  |                |                    |               |
| 16. | Being "super alert" or watchful on guard?   |                |                  |                |                    |               |
| 17. | Feeling jumpy or easily startled?   |                |                  |                |                    |               |